



DuPont Corporate Contracting

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APR 23 1993

Ans'd.....

April 13, 1993

Mr. Geoff Pratt
Cedar Chemical Corporation
5100 Poplar Avenue - 24th Floor
Memphis, TN 38137

Dear Mr. Pratt:

Our files indicate that Mike Johnston, DuPont Safety Consultant, performed a Safety and Fire Protection Survey of your West Helena, Arkansas, site on March 26-27, 1990. We would like to update the information in our files. In the interest of continuous improvement, we have developed a new format for collecting this data.

Enclosed is a seven-page survey titled "Contractor Safety & Environmental Review." Please complete this form and return it to the address shown below at your earliest convenience.

E. I. du Pont de Nemours and Company
Materials and Logistics
P. O. Box 80723
Attn: Robert A. Blackhall
Chestnut Run Plaza, Hickory Run Building, Room #1102
Wilmington, Delaware 19880.

If you have any questions concerning this form, please contact me at (302) 999-4900.

Thank you for your continued interest in DuPont business.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bob", written over a faint, illegible stamp.

Robert A. Blackhall
Senior Purchasing Agent

RAB/kew
Enclosure

9349660



CONTRACTOR SAFETY & ENVIRONMENTAL REVIEW

Instructions: Please respond to all questions. Some of the questions may not be applicable to your facility, so state N/A in those cases.

Parent Company Name CEDAZ CHEMICAL CORPORATION

Company name and address CEDAZ CHEMICAL CORPORATION

HWY 242 SOUTH, WEST HELENA, AR

Services directly provided, i.e., not subcontracted: 72390

ORGANIC CHEMICAL MANUFACTURING

Safety and Environmental contact(s) for your facility (include name, title and phone no.):

Name: JOHN WAGNER

Title: ENVIRONMENTAL ENGINEER

Phone: (501) 572-3701 Ext. 239

A. Site Information

1. In what year did you begin operations at the current site address?

1986

2. Indicate the previous sites (with past 10 years) or current satellite sites, used by your company for services to Du Pont:

Business Name

Address

NA

3. What is the total acreage of the current site? If satellite sites are used, include this acreage as well (approx. whole acres).

Current site 48 Satellite sites _____

4. Is the current site owned or leased?

Owned ✓ Leased _____

If leased, indicate owners name _____

5. Indicate which best describes the area within 1/4 mile of the plant site boundaries (check all appropriate):

Inner City _____ Suburban _____ Rural _____
Industrial Area _____ Few Residences _____ Many Residences _____
Farm Land ☒ Land Suitable for Residential Development _____

6. Describe site geographic relationship to the nearest flowing stream, river, lake, bay or ocean (e.g., small stream at eastern boundary, 1 mile from major river).

4 1/2 Miles From Mississippi River

B. Waste Management

1. Do you use commercial and/or governmental facilities for disposal of process wastes as a result of your services for Du Pont?

Yes ☒ No _____

If yes, provide name and address of firm(s) receiving wastes as a result of your services for Du Pont and the types of wastes being directed to each location. If any wastes are considered hazardous or require special control, add an "H" after the listing.

NA

2. Do you have an EPA Hazardous Waste Generator ID number?

Yes ☒ No _____ If yes, ID Number ARD 990660649

3. What on-site facilities do you use for treatment, storage and disposal of waste?

☒ 90 day hazardous waste storage
☐ Hazardous waste landfill
☐ Other landfills or impoundments
☐ Incinerator, boiler or thermal treater
☒ Biological treatment facilities
☐ Others _____

4. Is (has) a RCRA Facility Assessment (RFA) being required by the EPA for your site?

Yes ☒ No _____

5. Does your company have a documented policy pertaining to the management of wastes and releases to the environment?

Yes ☒ No ☐

6. Does your company have a quantitative inventory of wastes generated and releases to the environment?

Yes ☒ No ☐

7. Do you have ongoing programs that will reduce or eliminate wastes and releases?

Yes ☒ No ☐

C. Water, Groundwater and Soil

1. Does your facility discharge any of the following into a waterway?
(Check all that apply)

☐ Process wastewater
☐ Non-contact cooling water
☒ Wastewater treatment plant effluent
☐ Operating/storage areas stormwater runoff
☐ Others _____

If yes, list National Pollution Discharge Elimination System (NPDES) permit number(s)

AR0036412

2. Other than sanitary wastewater, does your facility discharge any of the following to a publicly owned treatment works (POTW)?

☐ Process wastes water
☐ Wastewater treatment plant effluent
☐ Others _____

If yes, list POTW permit number(s)

NA

3. Is a written Spill Prevention Control and Countermeasures plan (or state equivalent) required for your site?

Yes ☐ No ☒

If yes, has it been reviewed and recertified?

Yes ☐ No ☒

4. What facilities are provided to avoid soil/groundwater contamination?

- ☒ Impervious dikes or walls
- ☒ Hard surfaced loading/unloading areas with run-off collection
- ☒ Operating area with curbs, sumps and spill collection systems
- ☒ Spill retention/diversion basins
- ☐ Others _____

5. Have there been past or are there present soil/groundwater studies of your site?

Yes ☒ No ☐

If yes, did they reveal contamination requiring corrective actions or control measures?

Yes ☐ No ☒

D. Air

1. Is the facility required to register/permit air emission sources?

Yes ☒ No ☐

If yes, which of the following sources are represented?

- ☐ Flares
- ☒ Stacks and vents
- ☒ Storage tanks
- ☒ Boilers
- ☐ Incinerators
- ☐ Other point sources

2. Have facility emissions resulted in complaints (within the past 2 years) or pending litigation due to the following allegations of citizens or government agencies?

- ☐ Odors
- ☐ Visual discharges
- ☐ Irritants or fugitive dust
- ☐ Health effects
- ☐ Permit exceedences

If yes, briefly describe past actions or present status.

NA

3. Which of the following facilities do you use to control releases to air?

☒ Scrubbers
☒ Baghouses
☐ Incinerators
☐ Flares
☒ Condensers
☐ Others _____

E. SARA/CERCLA

1. Is the facility subject to the requirements of the Superfund Amendment and Reauthorization Act, Title III?

Yes ☒ No _____

If yes, indicate which of the following sections apply.

☒ 311
☒ 312
☒ 313

2. Have you had any SARA/CERCLA reportable releases in the past two years?

Yes _____ No ☒

3. Is your company identified as a potentially responsible party (PRP) for any Superfund sites?

Yes _____ No ☒

If yes, indicate the appropriate number of active sites.

_____ 1 - 3 _____ 4 - 10 _____ >10

F. Safety and Industrial Hygiene

1. Do you have written emergency response plans for fires, hazardous material spills or chemical releases?

Yes ☒ No _____

2. Do you maintain a written hazard communication program as defined in 29 CFR part 1910.1200 (OSHA, Hazard Communication Standard)?

Yes ☒ No _____

3. What information is available to employees to inform them of hazards associated with materials used or produced for Du Pont?

☒ MSDS's
☒ Labels
☐ Product literature
☒ Written operating procedures
☒ Preoperation safety meeting
☒ Specific training programs

4. Are employees aware of the reporting of "allegations of significant adverse reaction" required by the Toxic Substances Control Act (TSCA)?

Yes ☒ No ☐

5. Do you monitor employee exposure to hazardous substances?

Yes ☒ No ☐

6. Do you have a written confined space (e.g., vessel, tank, pit) entry permit procedure?

Yes ☒ No ☐

7. Which of the following features to limit exposure or control emergency situations are incorporated in the design of your facilities?

☒ Local fire fighting equipment (e.g., extinguishers, hose stations)
☒ Building alarm systems
☐ Off-site warning systems
☐ Firewall/firedoor isolations
☒ Local exhaust/ventilations
☒ Automatic process/fuel cut-off valves
☒ Segregated storage of flammable or other hazardous material
☒ Safety showers
☒ Emergency air masks

8. Which of the following personal protective equipment is used (will be used) when conducting services for Du Pont? (If more than one process is involved, note for the most demanding requirement).

☒ Impervious gloves
☒ Chemical goggles or face shield
☒ Disposable coveralls
☐ Acid suit/rain suit
☒ Foot protection
☒ Safety glasses
☒ NIOSH/MSHA approved respiratory protection
☐ Hearing protection
☐ Safety glasses

9. Has a Loss Control Evaluation of material storage facilities been performed in the past two years?

Yes _____

No ☒ _____

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